



Transcript: Outreach & Enrollment: National Nursing Call

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Holly: Welcome, thank you for standing by. At this time all participants are on a listen-only mode until the question and answer session of today's conference. At that time, if you would like to ask a question, press *1 on your touch tone phone. I would also like to inform all parties that this call is being recorded. If you have any objections, please disconnect at this time. I would like to now turn the call over to Mr. Matt Heinz, with Health and Human Services. Thank you. Sir, you may begin.

Dr. Matt Heinz: Thanks so much Holly and welcome everyone. I'm so happy to have you participating in this call today. I'm the director and provider of outreach here, for the Secretary of Health and Human Services and this is a week that we're focusing on real, strong outreach to our provider community and that includes all sorts of providers that includes especially nurses, some of our most trusted providers for their patients and to talk about how we can better reach out and highlight those efforts of how people are reaching out in the nurse community to their patients and others, to get them the information they need about this. I'm pleased to be joined by Secretary Sebelius here in the room to welcome us and to introduce the call.

Secretary Sebelius: Thank you, Matt. Thank you all for joining us today. I really want to take this opportunity to thank you for all that you're doing to help your patients, students, colleagues, and your communities with outreach and enrollment in the new Health Insurance Marketplace.

Nurses play an absolutely critical and important role in these efforts. You know from your firsthand experience just how important coverage can be: what it means to your patients, and whether they are able to get the care they need when they need it. Pretty often it's you and your colleagues who are your patient's friends, who your neighbors turn to for advice, who your families look to about their care. In fact, we know from research that people are much more likely to trust information about the Affordable Care Act when they get it from health care providers – from nurses and doctors – than when it comes from sources like the news media, their employers, or even their friends and family.

Nurses and nursing organizations throughout the country have been working very hard, including many of you on this call, to reach out to so many people who have so much to gain by getting covered. So in addition to saying thank you, I want to take this opportunity to ask you to continue this important work.

We still have more than two months remaining in enrollment, which runs through March 31, 2014. And as you may know, the Health Insurance Marketplace has one of the longest open enrollment periods of any health insurance plan. The long open enrollment period was set up this way to help ensure that people had time to learn about their options, to learn about the law, and make the best choices for themselves and their families. And I can tell you that as I travel around, many of the folks that I meet tell me that they're signing up for the first time in years, and some for the first time ever in their lives. So it's really natural that people need to take their time – they want to do research, they want to talk things over with their families, they want to understand the terminology, and very often, they want to turn to a nurse who they trust.

I want to remind you about a couple of things related to the new benefits and choices available to your patients through the Affordable Care Act: first, if you're in a state which is moving forward on expanding Medicaid, many of the people you serve may be newly eligible. Just to give you an example of what this could mean for your patients, for those who have helped care for pregnant women on Medicaid, you know that in some states, coverage ends shortly after the birth of their baby. While that child may remain covered, the mother is left uninsured. But we all know that just because she's no longer pregnant doesn't mean that her health care needs end. So under the Affordable Care Act, it's a new day. Many women will now be able to receive affordable health coverage even after the birth of their child by enrolling in Medicaid or in a health plan through healthcare.gov. Many of your patients will also find that the affordable private insurance being offered through the new Health Insurance Marketplace is a game changer, particularly if they're eligible for financial assistance.

So here's what we know around the country: one out of every two single young adults can get coverage for \$50 a month or less – \$50 or less! For adults overall, six in ten currently uninsured Americans can get covered for \$100 a month or less – less than the cost of a cell phone bill. In Dallas, a family of four earning \$50,000 a year can get coverage for as little as \$26 a month with the financial assistance they'd be owed. In New Orleans, a 27 year old earning \$25,000 a year can get a policy for about \$75 a month.

But to access those benefits, consumers have to know about them. And that's why we're asking you to continue your hard work on outreach and enrollment. And we have resources available specifically for nurses and other health care providers at HRSA's website, www.hrsa.gov/affordablecareact, that's www.hrsa.gov/affordablecareact. Folks can shop for plans and enroll online at healthcare.gov, which is now working very smoothly. The Spanish version of the site, cuidadodesalud.gov, is also up and running smoothly. People shopping for health coverage can also enroll or receive assistance through our 24/7 call center at 1-800-318-2596. Callers are available to talk to folks in both English and Spanish and translation is available in up to 150 languages. Or, they can choose to sign up through the mail or directly through an agent, broker, or issuer. And there's also lots of in-person assistance available in addition to those of you on the phone who are helping to reach out in your communities. If you want to send some of your patients to find local assistance in your neighborhood, visit the website and go to localhelp.healthcare.gov to find in-person assistance closer to you.

And just to wrap up, I know you're going to meet with a number of wonderful health providers around the country in a few minutes and also one of our great health leaders, Mary Wakefield, who leads HRSA, but we are able to connect people to health care in a way that's never been done before.

I've been travelling a lot. I've travelled to more than 100 cities and nearly all 50 states, and very often I've had the opportunity to speak with nurses. The nurses I meet tell me all kinds of stories about the patients they serve; stories about patients with cardiovascular disease whose lives would have been much different if only they had access to routine primary care like cholesterol and blood pressure checks; patients whose cancer was detected but detected too late, too late to really save a life or be operable; patients with serious illnesses like diabetes that could have been better managed or even avoided if they'd had access to better sources of information or to a primary health home or a health

strategy. Now I really hope that these are stories that we don't hear from the next generation of nurses. With more of your help, there's no reason we have to.

Thanks to the Affordable Care Act, it's a new day for health care and for millions of Americans and their families. The nurses in America have always supported health reform and finally we have an opportunity, with your help and support, to make a difference in the lives of millions of our fellow citizens. It's never been easier or more affordable for Americans to access quality, affordable health coverage. And our goal is to help every American who wants it to be able to access it. Again, thank you all very much for what you are doing. Let's make the most of the ten weeks we have left in this important opportunity. And now I'll turn the call back over to Matt.

Dr. Matt Heinz: Thank you so much Secretary Sebelius, it's really great having you start off the call like that and to underscore all the great work the nurses are doing and we hope they will continue to do for the rest of the open enrollment period and beyond for their patients. I'm going to now turn the call over to the administrator for HRSA, Dr. Mary Wakefield, who is with us.

Dr. Mary Wakefield: Thank you very much Dr. Heinz. Good afternoon to all of you on the phone with us today. I'm really very pleased to join HHS Secretary Kathleen Sebelius and all of you to talk about the important contribution that nurses across the country are making, and can make going forward, to help ensure that individuals and families know about the new health care insurance coverage options that are available as a result of the Affordable Care Act.

And as an aside, before I really get started, I just want to say that as a Secretary, Kathleen Sebelius really recognizes the high value that nurses bring to healthcare. She has been a very strong supporter of the many roles that nurses play in the health care system and the contributions that they make. So I think that it should come as no surprise to any of you that she sees the direct link between the work that nurses do every day and the important opportunities for nurses now to educate patients about the new Health Insurance Marketplace.

Last fall I connected with many of you and with your organizations about the healthcare.gov outreach and enrollment efforts, and for those of you with whom I spoke you'll remember that that was just before the Marketplace website went live. All of you know that that was a pretty turbulent takeoff back in October of last year. But things are different now. Now, with the website operational and features having come together, this is now an unprecedented opportunity for nurses to help ensure that people know about coverage options and that more people are able to get health and stay healthy because they have insurance coverage.

As Secretary Sebelius indicated, what each nurse does, from now until the end of March, will have a great impact on whether people in our communities obtain health insurance. And insurance, as all of us know, can be life changing. In the midst of this incredibly important enrollment window, this is a critical opportunity for individual nurses and nursing organizations to have an almost unparalleled impact on the health of individuals, families, and communities across the country. Many of you are already engaged in this effort, and you're clearly making a difference. And as a result of your help, and others like you, as of today, about 11 million Americans have already been enrolled in healthcare coverage

made available largely as a result of the Affordable Care Act. That's a tremendous number of people who are benefitting already.

To give you a sense of how we get to that 11 million, let me break that number down for you: first of all, more than 8 million people have signed up for private insurance through the Marketplace. They've learned that they're eligible for Medicaid, or they have renewed their Medicaid coverage. More than 2.1 million people have enrolled in private insurance through the Marketplace; 6.3 million people have learned that they are eligible for Medicaid or they've renewed their coverage; and all of this, by the way, does not include the more than 3 million young adults who've already gained coverage because the Affordable Care Act alone allows them to stay on their parents' plans until age 26.

Taken together, these 11 million individuals, as well as those who already had health insurance coverage and whose insurance plan benefits have been strengthened – all of these individuals are realizing additional benefits of the law, though not a lot of folks may even be tracking on the security that the law is conveying.

Just to give you a few examples, beginning this month, January, for the first time, individuals and families will be provided with new consumer protection. That is, they will no longer be denied coverage or charged higher premiums because of a health condition like asthma or cancer. And from this month on, health care benefits cannot be capped annually. Historically, that cap on insurance coverage has meant that for many people diagnosed with serious conditions, their health insurance coverage affectively disappeared, just at the moment when they need it most. Well, going forward, that cannot happen. And effective this month, comprehensive coverage that includes emergency services, maternity and newborn care, mental health and substance use disorder services, and prescription drug coverage are now required of health plans.

These are extremely important benefits from the Affordable Care Act, but there is still more to be done to spread awareness about healthcare.gov and to educate individuals about the availability and importance of insurance coverage. And I think this is one of the things that nurses do best – they educate. They educate individuals, families, neighborhoods, and entire communities. And they educate them in all sorts of different venues. You can find nurses from emergency rooms to classrooms, from public housing to health fairs, from places of worship to community boardrooms, in hospitals and clinics, talking to community groups, writing letters to the editor of local newspapers and so on. And I think that wherever nurses are, information about the Affordable Care Act, about the Marketplace, should be available too.

So if you haven't got started yet, you might ask, how do you? How do you get started? Well, many of you on this call are members of nursing organizations that have already highlighted healthcare.gov. We've shared information and materials with you, including brochures, talking points, and even posters for waiting rooms, all sorts of information to help nurses educate people about health reform. I know that some of you have accessed that information from the website that the Secretary mentioned earlier and I'll mention again right now, www.hrsa.gov/affordablecareact. And for those of you that haven't

been to that website, I really hope that after this call, sometime today, you go there. You go to take a look and access those materials that I was just talking about. You can download them and share them.

I'd also like to take just a moment to recount other important provisions in the Affordable Care Act, because the law certainly does more than offer health insurance coverage to uninsured and underinsured Americans, as important as that is, and because it is so important, that is the thrust of what we're talking about today. But there are a few other provisions that I think you should be very interested in, and they speak explicitly to nurses, that is, the Affordable Care Act gives nurses increasingly important roles and responsibilities.

Let me give you a few examples of those provisions. So for example, the Affordable Care Act has supported expanding community health centers. We have been adding resources to health centers across the country, allowing them to add some 4,500 nursing positions just over the past few years. And in fact, in health centers, we have nearly 18,000 nurses working across the nation, including 4,700 nurse practitioners, and more than 500 certified nurse midwives. And just recently, we announced 236 new community health center sites that will be stood up this year and they will be providing additional new access points for primary care, along with new employment opportunities for nurses, nurse practitioners, and others. And, thanks largely to the Affordable Care Act, the ranks of the National Health Service Corps have more than doubled from about 3,600 clinicians in 2008 to nearly 8,900 primary care providers today. How many of them are nurses? Well, about 1,600 are advanced practice nurses. And do you know that that is nearly twice as many National Health Service Corps nurse practitioners and nurse midwives than there were just four years ago? Again, largely because of the Affordable Care Act.

The Affordable Care Act also recognizes the importance of providing health care where children are. And so it has extended substantial support for school-based health centers, which has, as all of you know, relied most heavily on nurses to ensure that children can stay healthy and are more ready to learn at their highest potential. And in the area of maternal and child health, the Affordable Care Act created the home visiting program, which puts more health care boots on the ground in high-risk communities. Under this program, nurses and others work with pregnant women, fathers, and young children in their homes in high-risk communities. There they provide early counseling and intervention services that research has explicitly shown improve health outcomes. More than 500 nurses now work in this new program and the program is continuing to expand in states across the country.

Beyond the Affordable Care Act's important impact on expanding primary care and nursing care in various settings, the law has also improved training for nurses and other primary care providers. For example, the Affordable Care Act directed \$15 million to nurse managed health clinics, which trained new nurses while delivering primary care to vulnerable populations. The Affordable Care Act also allotted over \$30 million to prepare more primary care advanced practice nurses and \$200 million for graduate nurse education programs that are preparing advanced practice nurses for a lot of roles including care coordination.

These and other training investments are critical to help ensure that we have a nursing and health care workforce that is capable of caring for not only an expanding U.S. population, and an aging population, but ready to provide care to those who become newly insured as a result of the Affordable Care Act. People who in some instances will start accessing health care services outside of the emergency room setting because they have health insurance for the very first time.

For all of us on the call, all of these things, I think, are welcomed changes. They're changes that strengthen our health care system and get patients to care settings when they need that care. So now, we find ourselves in what I think is now a once in a lifetime opportunity to reset the health of the nation, community by community.

I really urge you to engage your patients, students, families, and neighbors in conversations about the importance of health insurance coverage: today's topic. For too many people don't even know yet about the new Marketplace and where they can go to get information. As nurses, you don't have to know all the details; you need to know where people can be directed for more information and also, you need to share with them what nurses already know so well: the incredible difference in health that health insurance makes.

Well, I look forward to hearing from some of you about what you and your health facilities where you work and colleges where you teach are doing to engage people in this information exchange. And before I hand the phone off I would just like to say again thank you for what you do each and every day to provide people with health care services and support they need. So with that, back to you, Dr. Heinz.

Dr. Matt Heinz: Thank you so much Dr. Wakefield and really great, great remarks and absolutely true. I work with nurses on a daily basis as a physician back in Arizona and it's an amazing team approach. I would like to, just really quickly, remind people that a little bit later on in the call we're going to be able to answer some questions from some of the participants and the way to ask a question, which you can start doing now, is to push *1.

Now I'm going to turn the call over to Melissa Fox, who is from Public Health Management Corporation out of Philadelphia, Pennsylvania to share some of her experiences there in Pennsylvania. Melissa?

Melissa Fox: Thank you very much Dr. Heinz.

Public Health Management Corporation, or PHMC, is a non-profit public health institute serving the greater Philadelphia region for the last 40 years. At PHMC, our nurse managed friendly and qualified health center network consists of five clinics throughout Philadelphia. We are also the Health Care for the Homeless branch chief for the city, and are committed to ensuring the populations we serve not only have access to care, but understand all of their available care options.

HRSA's support has provided our health centers with the tools we've needed to help guide our communities through the details of the Affordable Care Act. Public Health Management Corporation's 2012 Pennsylvania Household Health Survey indicated there were an estimated 35,500 uninsured in the neighborhoods surrounding our Rising Sun Health Center, about 21,000 of whom didn't have a regular

source of care and nearly 30,000 in the last year who chose not to seek needed health services due to cost. So the HRSA funding we received was essential for us to create an internal infrastructure to support an outreach program for residents like these.

We knew that a proper infrastructure requires training and excellent staff, so our first order of business was expanding our outreach team and ensuring all the key personnel received the proper training on enrolling through the Marketplace. We hired two additional staff and trained almost 20. We've also extensively promoted the availability of our enrollment services to the community by having regular weekly enrollment sessions at the health centers, partnering with community organizations like the Free Library of Philadelphia to have enrollment events, and even providing our certified application counselors as resources for events outside the agency.

Our team was also working with Independent Blue Cross to have the Independent's express mobile available at our health center locations. We've included our outreach calendars on our website as well as a connection to healthcare.gov.

Being visible and available has been the key to our outreach programs. Between October and December, our amazing team has hosted or participated in over 65 events in Philadelphia, in places like recreation centers, civic associations, and even middle schools and more events keep getting added all the time.

We received notifications that our patients have already begun receiving their insurance cards and their excitement has been so inspiring and reinforces for our team exactly why we're doing what we're doing.

A lot of work remains to be done before the end of March, but our health centers are definitely up for the job. Thank you very much for your time.

Dr. Matt Heinz: Thanks so much Melissa that sounds fantastic. I'm going to introduce next Dr. Susie Adams, professor of nursing from Vanderbilt University. Dr. Adams, are you with us?

Dr. Susie Adams: Yes I am. Thank you, Matt.

I'm also representing the American Psychiatric Nurses Association and I would like to share some of my experiences as a practicing psych nurse practitioner. I'm seeing firsthand how the implementation of the Affordable Care Act and the Mental Health Substance Abuse Parity Act are improving access to mental health care and primary care services for people across the lifespan, particularly those who are employed and meet minimum income requirements. However, we do have people who are seeking Affordable Care Act coverage often in our area, people who are self-employed, employed in part-time jobs, or employed by small businesses that are unable to provide health insurance, which are accessing care for the first time or health insurance through the ACA.

I would like to point out that one in four adults in America suffers from a diagnosable mental disorder in any given year; this translates to 80 million people based on our 2010 U.S. Census. So there is tremendous amount of need for mental health services across the country. Although mental health disorders are widespread in the population, it can range from mild to severe symptoms, it's also

important to remember that about 6 percent, or 1 in 17 adults, suffers from a serious mental illness, often with co-occurring substance abuse or other mental health comorbidity.

It is the individuals with serious mental illness who often have comorbid physical health problems as well, such as diabetes, hypertension, obesity, and chronic obstructive pulmonary disease, to name a few. These medical problems also go untreated when they are uninsured.

An individual with schizophrenia or severe episodes of depression will lack the patience of understanding to apply for insurance coverage from the ACA portal. What we have discovered is that linking these individuals with an ACA navigator who walks them through the application process is an invaluable resource. Without these navigators, I doubt that my patients would have completed the application process; they would simply give up or walk away.

One challenge we face is that individuals with severe mental illnesses get caught up in our criminal justice system - in jails and in prisons. They're often unable to sustain employment and are left out of the coverage we hoped they would receive under the Affordable Care Act. It is an unintended consequence, and one that I think will be addressed over the coming months, hopefully through expanded Medicare coverage, so that they're not lost in the cracks.

By contrast, I have other patients who have been paying for medical and mental health services for years on a sliding scale cash basis, who have successfully enrolled after the initial hurdles on the internet portal, and are now covered by the Affordable Care Act and the insurance Marketplace. Some of them are still waiting to hear confirmation on their monthly insurance cost, but they are incredibly optimistic about the coverage and will soon be able to schedule long deferred medical care, such as annual physical exams, mammograms, medications for hypertension and hyperlipidemia, obesity and other chronic illnesses.

I am hopeful that that ACA coverage may indirectly help drive integrated models of health care delivery. We're seeing some exciting initiatives in our community now in health centers, where primary care services are now being offered on-site, with the goal of soon having integrated electronic health records. Conversely, we're seeing community mental health centers reaching out to pediatricians and primary care practices to offer on-site mental health evaluations and services in those offices.

This outreach effort is intended to increase access to care, decrease stigma, and provide early intervention to avert for progression of mental health problems, especially for children and adolescents.

Psychiatric nurses are a critical part of the mental health workforce. We take a holistic approach to patients and care. So it's important for us to educate individuals and families about the Affordable Care Act and also the resources for them to explore enrollment options. We can play a vital role in helping people securing insurance coverage and accessing care. I appreciate the comments of the Secretary, Dr. Wakefield and my other colleagues. It's exciting to hear about what nurses can do and continue to do to help their patients to access care.

Dr. Matt Heinz: Well, thank you so much Dr. Adams. I want to just quickly respond to something that you said because it struck me and I think it's important for those on the call to understand that we're talking about some of those coverage gaps that are affecting people. Medicaid expansion is something that is possible still for our states. I know Tennessee hasn't done that yet but it's something that they can do and we're in discussions actually at CMS here at HHS with many states that are looking at possibly doing this going forward so that's a great thing to know and thank you for bringing that up.

I'm going to turn now to Jessica Coburn, who is a nurse and also a graduate student and is completing an internship at this time at Jefferson County Health Department in Wisconsin and is also, I believe, a certified application counselor if I'm not mistaken. Jessica, are you with us?

Jessica Coburn: Yes I am, Matt. Thank you so much and thank you too Secretary Sebelius and Dr. Wakefield for inviting all of us here to talk about the work that we do and as nurses, in terms of outreach and enrollment in the Health Insurance Marketplace.

As Matt said in his introduction, I am trained as a certified application counselor for healthcare.gov and I've been able to integrate this training into my graduate student internship both at my local health department and with the Wisconsin Nurses Association.

To become certified, I received 21 hours of state and federal training about the Health Insurance Marketplace in order to help consumers directly with the application as part of my internship in public health nursing.

At my local health department, I was working in conjunction with a free clinic in the same building and I helped to enroll uninsured patients. I was able to experience the Marketplace right along with my patients, to help guide them through their application, answer questions, and I really was able to watch their faces relax when they realize that they would now have health insurance.

In addition to enrolling patients, I was able to participate in my local enrollment network from the ground up, which was a great interdisciplinary team dedicated to coordinating resources at the county level and it was amazing to watch these resources be built up and be part of that planning, planning ways to educate and assist consumers with enrollment in the Health Insurance Marketplace.

This training I received also created a great base for my role in educating the nurses of Wisconsin about the Affordable Care Act and about the Health Insurance Marketplace. Along with my wonderful colleagues at the Wisconsin Nurses Association, especially the president, Dr. Lea Acord, I wrote a presentation that's been turned into a webinar for the nurses of Wisconsin. We found that nurses really like to hear this information from other nurses, so we present this webinar one evening a month for nurses and nursing students as well as other interested folks with plenty of time for questions and answers at the end. We've also presented it in person to groups of nurses at hospital staff meetings and university classrooms, which we'll continue to do throughout the open enrollment period.

In addition, the Wisconsin Nurses Association has also created a section of our website dedicated to posting answers to the questions we get from nurses all over our state, and we also post trusted

resources for information about the Affordable Care Act which we're constantly updating with the newest and best information.

Nurses, patients, and community members have all been extremely enthusiastic in asking about the Health Insurance Marketplace. They want to know how the application works, where they can direct their patients for help, where they can go to find help, more about the ins and outs of the Marketplace, and the Wisconsin Nurses Association has been able to provide this outreach as a service to the nurses of our state.

So, in conclusion, as a student, I've been able to really observe the way nurses sit at the crossroads between their patients, other providers, and healthcare institutions, and are just really well positioned to educate, influence, and also improve healthcare policy.

Thanks for letting me speak today.

Dr. Matt Heinz: Thanks so much Jessica, we really appreciate that. I'm going to turn over the phone next to Dr. Adriana Perez, who is an assistant professor at the College of Nursing and Health Innovation at Arizona State University and also she is the president of the Arizona chapter of the National Association of Hispanic Nurses. Adriana?

Dr. Adriana Perez: Thank you, Dr. Heinz. It is an honor to be here with everyone today on this very important call. I'm happy to be here representing the National Association of Hispanic Nurses. Our model of training is called Educating Multicultural Communities on the Patient Protection and Affordable Care Act, a leadership model developed in partnership with AARP Arizona. I want to acknowledge funding and support from the AARP's State and Communities Office and the Center to Champion Nursing in America, a joint initiative of AARP and the Robert Wood Johnson Foundation.

Overall, our objective of this model is to empower a network of nurses, particularly our network of Hispanic nurses in Arizona, to lead health care reform by educating multicultural communities on the basic provisions of patient protection and Affordable Care Act.

All of you are familiar with the landmark Institute of Medicine 2011 report, *The Future of Nursing: Leading Change, Advancing Health*. The report emphasizes that nurses should have a voice in health policy decision-making as well as being engaged in implementation efforts related to health care reform. This initiative is one that has been very close to our hearts. In 2011, higher than any other racial or ethnic minority group, more than 30 percent of Hispanics/Latinos were uninsured. Of the uninsured in Arizona, of those that are almost a million of the uninsured and eligible for coverage through the Marketplace, almost 40 percent are Hispanic/Latino and monolingual Spanish speaking. So again, this is an effort that is very consistent with our mission of improving the health of the Arizona community.

Our model includes a multi-faceted approach. We teach nurses the parameters of the law. So number one, they understand the substantive issues; number two, they develop leadership and advocacy skills to improve the health of Arizona. In terms of the substantive issue we focus significantly on the history of healthcare reform and what an important juncture of our healthcare system we are in. We place a

huge significance on the current health status of Arizona minority communities and how Arizona can benefit and have already benefitted from the ACA.

First, nurses know the fundamentals of the ACA, including bilingual information on how the law benefits those with health insurance, those without, those on Medicare, and small businesses owners. Again, the emphasis is on the Health Insurance Marketplace.

Second, this has been a very important way for our nurses to develop leadership and advocacy skills in this arena. Nurses in our chapter have been able to develop public speaking, communication skills, and building community connections. I'm happy to report that as a result, we have an excellent working relationship with Region 9 of HHS. Regional Administrative Director Herb Schultz and his team are in constant communication, keep each other updated and invite Herb Schultz to local events and that has been just a tremendous opportunity for our chapter and secondly, this is a way for nurses to engage in an active leadership experience in serving our communities in this historical juncture of healthcare reform.

In five months, we exceeded our goal of reaching 1,000 multi-cultural communities. In the last five months, we've reached over 1,400 multi-cultural residents in Arizona, we conducted 56 community forums ranging from individual groups to large group sizes, and we specifically targeted hard to reach populations, as well as community colleges, community health centers, LGBT groups, small business owners, and chambers of commerce.

For our chapter, this has been a historical experience and one that we hope to continue to disseminate across the country to other chapters and other nursing organizations. Thank you.

Dr. Matt Heinz: Thanks so much Adriana. Great working that you're doing out there in Arizona and I'm hoping that people are going to pick up on that and implement that across the country. Something that you mentioned about regional director – of course we have not just a nucleus of folks here in D.C. where most of us are coming to you from, but we do have regional directors in ten regions throughout the country. The one which Adriana was referring to, Herb Schultz is in San Francisco and covers states out in the southwest. But there are ten regions, I'm not going to list them all for you, because you'll all get bored and hang up, but they can be found at HHS.gov or just going on the web and using whatever your preferred search engine is and looking for HHS regional directors because we have those folks in the regions to help work with you to partner with you, really, to work on ways to get information and go through outreach and programs and they want to amplify what you are already doing and maybe even help with suggestions for other things you could work on.